Department of Veterans Affairs

REQUEST FOR HOME-TO-WORK TRANSPORTATION

NOTE: Originator must submit all concurrences and recommendations to the General Counsel for concurrence of legal sufficiency. After acquiring General Counsel concurrence, the requests and recommendations will be submitted to the Secretary. Copies of final documents and review comments are provided to 10NB for their records. Administrations and other field offices/staff offices seeking approval must submit requests through appropriate reviewers, to the Secretary for approval. For detailed instructions, please reference 31 U.S.C. 1344 (Public Law 99-550), and 41 Chapter 102 Code of Federal Regulations.

1. TYPE OF REQUEST	2. NUMBER OF	3. NAME	OF DEPARTMENT/ORGANIZATION	4	. DATE OF REQUEST
INDIVIDUAL EMPLOYEE	2. NUMBER OF EMPLOYEES OR CONTRACTORS	(If multip	ole Departmental elements or categories, list in Remarks)		
CONTRACTOR	(If applicable)				
CATEGORIES OF		5. NAME	OF EMPLOYEE OR CONTRACTOR	6. JOB TITLE OF	EMPLOYEE OR CONTRACTOR
CATEGORIES OF CONTRACTOR		(If multiple	names or contractors, list in Remarks)		
7. STATE WHY HOME-TO-WORK TRANSPORTATION IS NECESSARY					
8. WHAT ALTERNATIVE ARRANGEMENTS HAVE YOU CONSIDERED					
9. ADDRESS OF RESIDENCE			10. EMPLOYMENT ADDRESS		11 DISTANCE BETWEEN
S. ADDRESS OF RESIDENCE			10. EMPEOTMENT ADDRESS		RESIDENCE ADDRESS AND PLACE OF
					EMPLOYMENT
12. NATURE OF DUTIES					
13. VEHICLE IDENTIFICATION NUMBER (VIN)			15. DESCRIPTION OF GOVERNMENT OWNED VEHICLE		
14. LICENSE PLATE NUMBER					
40A NAME OF CONTRACTING FIRM ((C II II.)		ACD CONTRACTOR NUMBER (C. 15.44.)			
16A. NAME OF CONTRACTING FIRM (If applicable)		16B. CONTRACTOR NUMBER (If applicable)			
17. PURPOSE OF CONTRACT (If applicable)					
The state of the s					
18. REMARKS					
19. PERIOD THIS REQUEST COVERS (Actual period of need or 2 years, 20A. SIGNATURE OF INITIATING OFFIC			ICE APPROVING OFFICIAL	2	OB. DATE
whichever is less)					
	T		ENTRAL OFFICE USE ONLY	Ι.	
21A. ACTION TAKEN	21B. SIGNATURE OF AUTHORIZED APPROVING OFFICIAL 21C. DATE				1C. DATE
□ APPROVED					
L DISAPPROVED 22. RECOMMENDATIONS AND OR COMMENTS OF AUTHORIZED APPROVING OFFICIAL					
EL RECOMMENDATIONS AND ON COMMENTS OF ACTIONIZED ALL ROVING OFFICIAL					

VA FORM **0718**JUN 2000